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OBSERVATIONS UPON A MORBID CONDITION OF THE NECK OF  
THE BLADDER NOT DESCRIBED BY SURGICAL AUTHORITIES.

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[Continued from p. 534, Vol. lxiii.]

*Cases illustrative of Contraction of the Neck of the Bladder.*

CASE I.—J. B., æt. 38, single, mechanic. Has always enjoyed general good health. Fifteen years ago, first contracted gonorrhœa, which lasted nearly two months. Was treated by copaiba and cubebs internally, and by injections of nitrate of silver. About six months ago, contracted another gonorrhœa, the acute stage of which lasted for three weeks. Still sees a drop of the purulent discharge every morning, and occasionally during the day. Never had any difficulty in micturition until quite recently. Is now obliged to pass his urine more frequently than natural, and he finds that he is obliged to strain somewhat at the commencement of micturition. The stream is not so full as normal, neither is it so well thrown out. Very frequently, just at the moment of urinating, patient experiences a sharp lancinating pain, lasting but for a moment, which he refers to the neck of the bladder. Has also more or less pain at this time in the anus. During micturition, there is a slight scalding sensation along the urethra. Is troubled by frequent and fatiguing erections at night. Bowels somewhat constipated.

On examination, find the lips of the urethra somewhat red. Having selected a medium-sized wax bougie, this was passed without any resistance, and without much pain, until it arrived at the membranous portion of the urethra, where it met with an obstacle. This resistance was decided and well marked. After a moment's delay, with a very slight additional force, the obstacle yielded, and the instrument passed on into the bladder. Patient was directed to drink freely of mucilaginous preparations, and to take a warm bath, if any inflammatory action was produced by passage of instrument. Strict attention to diet, recumbent posi-

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tion as far as possible, were also enjoined. Two days after, there having been no contra-indications, the bougie was again passed without any marked pain. The resistance was not so great as at the first trial. The treatment went on very satisfactorily, and after a few passages of the bougie, the patient was discharged well. He was advised to have the bougie passed occasionally.

*Remarks.*—In the above case, the contraction was well marked, and was, without the slightest doubt, dependent upon the chronic inflammation, the result of gonorrhœa. The contraction yielded to the surgical treatment, and that, too, very rapidly.

CASE II.—Charles A., æt. 25, single, carpenter, of lymphatic temperament. Reports that he has enjoyed good health, although at times has suffered from dyspeptic symptoms. Never has had rheumatism. Did not wet his bed as a child. Has had several attacks of gonorrhœa—the first at the age of 16 years, which was not very acute, and which yielded to common treatment. Two years after this, he contracted another gonorrhœa, which was attended with much inflammation. This, however, disappeared at the end of about three months. Two years ago, again suffered from gonorrhœal inflammation, which has since continued to manifest itself in the form of an occasional drop of muco-purulent matter. Has lately, for the last six months, experienced some difficulty in starting the flow of urine, when called upon to empty the bladder. Never has had any such difficulty previous to this time. Reports that the act of micturition is attended with some pain, just at the commencement, which the patient refers to the neck of the bladder. No pain over the bladder. Stream of urine has sensibly diminished, and is not thrown out so well as formerly.

On examination, find crusts of a whitish fluid upon the lips of the meatus urinarius, which last adhere slightly together. A medium-sized wax bougie being introduced, was passed down without any difficulty as far as the sinus of the bulb, into which the point of the instrument found its way. Being withdrawn, and the extremity being again curved, and to a greater extent, the bougie was carried on to the membranous portion, where a well-marked resistance was met with. This yielded after a moment's pressure upon it, and the bougie passed on to the urethro-vesical orifice, where there was another obstacle, which, however, also yielded readily. Patient complained of a sharp lancinating pain, as the instrument passed through the contracted portions. Directions given to remain quiet, to avoid stimulants, and to pursue a general antiphlogistic treatment, if necessary.

Patient returned on third day. Has suffered no inconvenience from the introduction of the instrument. Sees no improvement in the size of the stream. Does not pass the urine quite so frequently as before. Other symptoms the same. The same bougie was again introduced, and the contracted portion overcome at the two points before mentioned. The treatment was continued in

this way, without any interruption of consequence, for the space of five weeks. At the end of this period, the largest-sized wax bougie passed with ease, the discharge ceased, and all the previous symptoms disappeared. The stream was of the normal size, and well thrown out.

*Remarks.*—This case was also an example of long-continued irritation, produced by frequent attacks of gonorrhoea, terminating in contraction of the neck of the bladder. The resistance presented to the passage of the instrument was very evident. The symptoms complained of were eminently characteristic of contraction, and of nothing else. Although more rebellious to treatment than the previous case reported, it yielded to surgical measures, without the intervention of drugs. The cure was complete and satisfactory.

CASE III.—E. S., æt. 58, clergyman, married. Inherited a good constitution. Has suffered, however, for the last twenty years, at intervals, from asthma, and occasionally from convulsions, approaching, according to patient's report, the nature of epilepsy. As a child, the patient wet his bed up to the age of 13 years; this habit was arrested by the internal use of cantharides. Never has had any venereal disease. Has suffered at times from attacks of neuralgia and muscular rheumatism, which, of late, have become more frequent and more severe.

About twelve months ago, he first noticed that he was called upon to empty the bladder more frequently than before, that he was obliged to rise at night for the purpose, and that when the desire for micturition came on, he could not resist it for a moment. At the commencement of urinating, he suffered extreme pain, which he referred to the perinæum, and which continued during the act, and for a few moments after it was completed. This pain, of a sharp, lancinating character, was much more severe just before micturition. All these symptoms are still present. More or less pain at times about perinæum, and inside of thighs.

On examination, find the lips of the urethra natural. Urine presents nothing abnormal; sp. gravity, 1019; acid, no deposit on standing. No enlargement of prostate. A small-sized wax bougie was introduced for the length of about three inches, but such was the irritability of the canal that we were obliged to desist. In order to overcome this excessive irritability, we advised the introduction of an instrument every other day, which was accordingly practised. It required several days before the irritability could be overcome sufficiently to carry the instrument down to the neck of the bladder, where we ascertained the presence of contraction to a very great degree. The introduction of the instrument produced violent spasmodic action at first, but its regular introduction at stated times gradually overcame the resistance offered. The administration of the iodide of potassium, in moderate doses, the use of the sulphur bath three times a week, warm

clothing, generous diet, &c., were also advised. The general treatment, with the exception of the sulphur baths, was continued for the space of three months, with decided benefit. A large-sized wax bougie was passed, at an interval of a few days, during this period. All irritability of the bladder and urethra ceased. The rheumatic symptoms greatly improved. An occasional passage of a bougie was advised.

*Remarks.*—In this case, there was a decided contraction of the neck of the bladder, dependent, evidently, upon rheumatism. All the symptoms of contraction were clearly marked. The irritability of the urethra, depending in a great measure upon this condition of the deep portions, was excessive, and was overcome only by patient and well-directed efforts. All symptoms yielded to the local, combined with the general treatment.

#### DR. WARE'S LECTURES ON GENERAL THERAPEUTICS.

[Communicated for the Boston Medical and Surgical Journal.]

##### LECTURE II.

GENTLEMEN,—Having, in the preceding Lecture, stated the general principles upon which we are to depend in the treatment of disease, we are now to consider more particularly the manner in which we are to apply them; that is, we are to determine, in each individual case, what the circumstances are which are to regulate its treatment. It might, perhaps, be deemed sufficient to say that, if we know what the disease is, we shall know how to treat it. We have but to be satisfied, for example, that the case is one of pneumonia, or typhoid fever, or phthisis, in order to know what remedies should be employed. But it will be found, I think, on due consideration, that this alone is a very imperfect guide.

It has been often laid down, in medical books, that the treatment of a disease is to be founded upon a knowledge of its pathology, and not upon a regard to its symptoms. Now a knowledge of pathology should undoubtedly be the basis of treatment; no man can be so good a practitioner without it, as he may with it. But as a sole guide to practice it proves quite insufficient, and an attention to symptoms will frequently prove a safer one. The symptoms express the manner in which the constitution is affected by the disease—the amount of resistance it is capable of exerting against it—its capacity for endurance—its power of aiding recovery; particulars that can only be partially gathered from a mere pathological investigation. It is true that symptoms are the consequences of the pathological condition, and will therefore vanish if this be subdued. But it unfortunately happens, as will be inferred from what has been already said, that our direct power in this respect is extremely limited, and we are obliged to depend very much upon indirect methods. Now, the selection of these is de-



terminated less by those symptoms which indicate the pathological character of the case, than by those which proceed only indirectly from it.

In an earlier part of this course, I explained to you that symptoms were to be divided into two classes—primary and secondary. The primary proceed directly from that condition in which the disease consists, and indicate what that condition is. The secondary are those which arise from sympathy, or in some other way, in other parts than that in which the disease resides, and in the system at large. It is upon the powers of the system at large that we mainly depend for the removal of the disease; their condition, then, is mainly to be considered in the treatment; and the secondary symptoms are our best guides to a judgment as to this condition. No doubt the state of the local disease may often indicate what this condition is, and should therefore never be neglected; but as a direct guide to treatment it is usually of inferior importance. We are, then, in every case, to make what may be called, by way of distinction, a therapeutical diagnosis—which may be characterized as the determination of those circumstances in the constitution of the patient, both in itself and as influenced by disease, and those circumstances in his history and present condition, which are capable of having an influence on recovery, and which require to be promoted, modified, or counteracted, so far as this is possible.

This, undoubtedly, is a confession of the imperfection of our art. It admits that we are obliged to do that indirectly, which it would be much better could we do directly. But if the imperfection exists, it is certainly better to be aware of it, and govern ourselves by the principle which it indicates, than to work vaguely in the dark, and aim at what we have no reason to believe we can accomplish. This is sometimes called treating for symptoms instead of the disease, and is spoken of with almost a sneer, as unscientific and unphilosophical. "Attack the disease," it is said, "and not its effects"; "remove the disease, and the symptoms will take care of themselves." But when we cannot do this, we must do the next best thing. In an attack of intermittent this method will answer; we can cut it short by quinine or bark. In typhoid we have no such resource, and we must do what we can in another way. If our sole principle of procedure were to attempt to remove, directly, the pathological condition in which a case consists, we should be constantly overstepping the limit of our knowledge; we should be constantly striving after the impracticable. Cases may be pathologically alike and therapeutically unlike—or, on the contrary, therapeutically alike and pathologically unlike. Few physicians, I think, can consult the records of their experience without finding ample evidence of the truth of this position. Thus, in common typhoid, two cases whose pathological character is equally well marked, may exhibit such other

differences as to demand modes of management entirely opposite. In one, for example, such may be the aspect of the patient, such his constitution, such the assemblage of symptoms, that a supporting or stimulating treatment may be necessary, even from the very first. In the other, on the contrary, symptoms of a different character may require measures that deplete and reduce—not, indeed, for the direct purpose of reducing, for this, *per se*, is never necessary—but because their favorable effect cannot be ensured without a certain reduction of strength as a consequence.

The importance of looking at a case therapeutically as well as pathologically, and of being governed mainly by our conclusions in this point of view in arranging its treatment, may be most clearly enforced by considering it in relation to some common diseases. For this purpose we may select typhoid fever and pulmonary consumption, as affording the most illustrative examples. While the pathological character of each is, to a certain extent, well understood, and sufficiently uniform, they yet present themselves with a great variety of symptoms, and demand a corresponding variety of treatment. One of them is acute and self-limited, and is generally recovered from; the other is chronic, is not limited, and, although the efforts of the system are constantly to be recognized in the relief of symptoms, in producing periods of marked alleviation—sometimes a prolonged suspension of disease, and occasionally a decided recovery—still, in a vast proportion of cases, it is ultimately fatal. They have both been most minutely studied as to their pathology, their symptoms and course, and probably there are no diseases whose natural history is so thoroughly understood.

As to either of them, we cannot enter into a complete description of all the multifarious differences under which they present themselves in their course. It will answer our present purpose sufficiently if we confine ourselves chiefly to their early stages, especially as it is in this period that the character of each case is probably determined, whether ostensibly or not, and that the general course of treatment is to be determined on.

There are certain cases of typhoid that may be almost said to begin and go through their regular course without any symptoms, certainly without any very marked ones. The patient may have a very slight headache, or simply a dull feeling in the head, a slight chilliness, very little heat, no acceleration of the pulse or alteration of the respiration—a loss, or, more frequently, a mere diminution of the appetite—only a thin, white coat upon the tongue, no thirst, no wakefulness or disturbed sleep. The most distinct symptom, and that of which he complains the most, is a sense of weakness, weariness or exhaustion. This state of things may last through the usual period of the disease, and he may be able, throughout, to rise from bed, dress himself, and move about. Cases of this description are among those vaguely known under the popular name

of slow fever. Now, it is obvious to inquire how we can be sure, with such an absence of characteristic signs, that such cases are typhoid. In several ways. In the first place, they go on and come to a natural termination in health in the same period with well-marked cases of this disease, and no treatment will arrest or shorten them. In the second place, cases beginning and going through the early stages in this way, may become either gradually or suddenly worse, and in the advanced stages assume the distinctive and even more aggravated symptoms. In the third place, in other cases, without any such change, death will rapidly take place from perforation of the intestines or from hæmorrhage, and dissection will reveal the pathological condition of typhoid.

There are cases—the opposite of these—in which characteristic symptoms manifest themselves almost from the first. The access is sudden, and the disease develops itself with rapidity. There is a distinct and severe chill, followed by a smart reaction, with rapid pulse, hot dry skin and thirst, violent headache, and even delirium; a flushed countenance, great restlessness, absence of natural sleep, entire abolition of appetite and digestion. After beginning in this way, and continuing a few days, everything like violence may subside, and the case go on to its termination moderately and safely; but more frequently the character of severity continues through every stage; the danger may be great, and the result fatal.

In other cases we note the early and almost simultaneous appearance of the peculiar symptoms which serve to make a diagnosis—such as chills, febrile action, tinnitus, epistaxis, rapid pulse, coated tongue, loss of appetite, watchfulness and diarrhœa—and this even where the disease is very moderate in severity. In another set, even where the patient is severely attacked, the peculiar symptoms do not manifest themselves at once, but, as it were, drop in very deliberately, one after the other, so that it is not till the disease has made considerable progress that they present themselves in such a combination as to furnish the materials for a perfectly satisfactory diagnosis.

Typhoid sometimes begins like a local disease, affecting some of the more important organs of the great cavities, the brain, the thorax or the abdomen. The most frequent among these cases is an attack resembling cholera morbus, marked by epigastric distress, nausea, vomiting and diarrhœa, with fulness and tenderness of the bowels, these symptoms being, by and by, merged in the true ones of the actual disease. The headache and high active delirium will be sometimes so prominent, that, combined with great congestion of the face and increased throbbing of the arteries, it leads to apprehension of actual cerebral inflammation. Occasionally, the early symptoms are like those of some affection of the lungs, and are not obviously different from those of common catarrh or sim-

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ple bronchitis. It is only by the progress of these cases that their true character is discovered.

We also find that the condition in which the patient has been before the attack differs very much in different cases. Thus, the line may have been distinctly drawn between actual health and actual disease. The period of the access may be marked to a moment. Up to that moment the individual concerned may have apparently been in his usual health. So decided an onset is, no doubt, rare; but the cases are frequent in which the period of the attack can be determined within a few hours. On the other hand, the patient or his friends may have noticed that his health has been impaired for weeks, or even months. He has had no strongly-marked symptoms. He has continued to engage himself in his ordinary occupations, but it has been by a great effort. There has been a failure of energy, an indisposition for exertion, a loss of strength and flesh, a capricious and unequal appetite, an occasional uncomfortable sensation, or even pain, in the head, perhaps some confusion of ideas, but at any rate a distinct diminution of mental capacity. By and by, very gradually, the actual disease emerges, and manifests itself by the appropriate signs. It may be well to remark here, by the way, as a suggestive illustration of the principle that nature is constantly at work for the removal of disease, that these cases, on recovery, are sometimes followed by a great improvement in the patient's health; and also that some individuals, who have for some time labored under ill health, and who have contracted typhoid fever, will find, on the subsidence of the disease, that their former ailments have either vanished, or at any rate been essentially relieved. Chronic headaches, dyspepsia, skin diseases and catamenial disturbances, furnish the principal examples of this kind.

Now, here are very different modes of commencing the same disease, and we have by no means exhausted their number. A similar variety is to be observed in every stage of it, from first to last. Shall we strike, in all these cases, at what we know—so far as we know at all—to be the essential pathological element? We should strike in the dark. Common sense and common observation forbid us. The most strenuous advocate of an exclusively pathological therapeutics finds himself under the necessity of modifying his treatment according to the character of the symptoms that present themselves. We know that under all these forms lies concealed the same morbid condition, but we have to encounter it under very different circumstances. Why it exhibits itself in such various ways, we can only imperfectly explain by considerations adverted to in the last lecture. Whatever be the explanation, however, we can hardly fail to believe that a regard to the varieties in question must have more or less to do with the treatment we adopt. We know that we have in our hands a disease which must

go through with its natural course, and come to a natural termination. Our business is to watch over this course; to do those things which may promote, and remove those impediments which may prevent, a favorable issue. In order to this, we are to determine how far various symptoms indicate, or how far they constitute in themselves, obstacles to the natural effort, and act accordingly. For the most part our treatment is to be defensive, and not aggressive. We are not to attack, but to protect. I do not mean to imply that in no case, nor at any period of the disease, is actual interference justifiable and useful. Quite the contrary. Conditions present themselves demanding such interference. But the kind and measure of interference must be determined, not by a reference to the pathology of the disease, but by a reference to the state of the system as a whole, or the state of some of its functions, as indicated by the assemblage of symptoms. We are to be always careful to distinguish in our minds the purpose for which we interfere. Thus, we are often able to mitigate or modify symptoms, or modify the performance of a function, although we have no control over the regular current of the disease. In order to this, we may have to employ an emetic, a cathartic, an opiate, or to leech, and even bleed; always, however, bearing in mind that we do so, not with the purpose of directly curing the disease, but of removing some condition which stands in the way of its natural cure.

A similar view of the symptoms with which phthisis manifests itself, will display a corresponding diversity. The pathological character of this disease—a tubercular formation in the lungs—is always essentially the same; yet how differently are different individuals affected by it. We can, it is true, trace some connection between its differences of symptoms and course, and differences in its location, extent, rate of progress and complications, better than we can in typhoid; still, in the study of its history, with a view to its treatment, we are to consider it in very much the same point of view.

In the midst of complete and unsuspected health, a person is seized with copious hæmoptysis, of which there has been no previous indication, and to which no supposed tendency exists. It is immediately succeeded by cough, expectoration and fever. The characteristic symptoms of phthisis speedily follow. The disease runs a rapid course, and in a few months proves fatal. In another case, the mode of seizure and the condition of the patient will be the same, and yet, without any assignable reason, the whole course of things will be different. After a time the hæmorrhage ceases, and the patient apparently recovers completely. By and by, perhaps after months or even years, he has a second attack, and a third, and a fourth. After some one of these, however, his recovery is less complete. He is left with cough, expectoration,

fever, and other symptoms of phthisis. They do not, however, always go on at a steady rate of progress; they partially subside; he has another hæmorrhage, and is perhaps better after it; he may have a marked and long remission. Thus he may go on for some years, the disease gradually advancing, but with still recurring periods of mitigation. Commonly, death at last overtakes his victim, worn out by the protracted malady; but in some rare instances he lives through a long life, and perishes by some other disease.

In another case, the attention is also first attracted by hæmoptysis, but this time it is very slight, hardly noticeable. We find, however, that the subject of it has been indefinitely ailing for a long time. We find him jealous of admitting the existence of any distinct symptom. He has a safe construction to put upon every unfavorable indication. He has had a cough, but it is only "when he has taken cold." He has lost flesh and strength, but this only because he has lost his appetite from being "bilious." He has chills, heats, sweats, pains in the chest, and diarrhoea, for all of which he can find or imagine the sufficient reason. It is hardly necessary to say that such a case goes on, not rapidly, perhaps, but steadily, to a certain termination.

A young woman, in good apparent health, has hæmoptysis, either before, or with, or just after, the appearance of the catamenia; or the catamenia may not come on at their regular period, and a flow of blood from the lungs takes their place. The hæmoptysis may occur repeatedly, at longer or shorter intervals, but always in the same connection, and the health continue tolerably good. By and by, however, the function of the uterus is permanently suspended, and the true nature of her disease is revealed by the development of phthisis.

Or, a patient may have pleurisy, with no extraordinary symptom, and up to a certain point amend from it in the ordinary way. But after a time the progress towards recovery is arrested. New symptoms make their appearance, and at length those that are characteristic of phthisis clearly indicate what has been the real condition of the patient from the beginning.—A simple, hard, dry cough ushers in some cases, the health at first continuing good, without chills or fever, or loss of appetite, strength, or flesh. Others begin like a severe acute catarrh or bronchitis.

Patients, at the commencement of phthisis, often flatter themselves, and the physician himself is often flattered with the hope, that they are merely laboring under some chronic affection of the throat. In fact, all the early phenomena—exclusive of the physical signs—are explicable on this supposition. They are hoarse, speaking is difficult and annoying, there are visible marks of disease on the fauces and epiglottis, they entirely lose the voice and can only speak in a whisper; the cough and expectoration may actually proceed from the throat and larynx. All the while, however, a

deeper malady is fixed, and is slowly but surely pursuing its destructive work in the lungs.

The beginning of phthisis is sometimes masked by the predominance of symptoms of some affection of the abdominal organs—the liver, the stomach, or the bowels—especially dyspepsia and diarrhoea. These, indeed, may so constitute the principal features of the case, as to predominate through the greater part of its course.

These are only some of the various forms under which phthisis presents itself in its earlier stages, and variations not less striking mark its whole progress. To these, as I am not treating of the disease except for the purpose of illustrating the principles on which treatment is to be founded, I shall barely allude. The course of this disease is characterized by innumerable variations in the rate and regularity of its progress, in the degree, intensity and constancy of the hectic fever which accompanies it, in the sweating, diarrhoea and cough, and in the amount and quality of the expectoration; in the state of the appetite, digestion and nutrition, in the rapidity of the emaciation and loss of strength, in the amount of suffering from pain, exhaustion, loss of sleep, in the intercurrent of acute attacks, and in the periods of exacerbation and mitigation of symptoms. The whole is a spectacle of Nature struggling with a disease which she cannot cure, but continuing the contest to the last, and giving evidence to the last that the same principle is at work which, in other diseases and under more favorable circumstances, issues in the restoration of health.

[To be continued.]

#### LEUCOCYTHÆMIA.

[Translated for the Boston Medical and Surgical Journal by Dr. HALL CURTIS, from the Gazette Hebdomadaire de Médecine et de Chirurgie.]

*Notes on the peculiar Crystals found in the Blood and in certain Viscera of a leucæmic subject; also upon other cadaveric facts observed in the same subject.* By MM. CHARCOT and VULPIAN.

THE study of leucocythæmia has been pursued with ardor since 1845, when the first publications of H. Bennett and of Virchow appeared. Observations upon it multiplied. The knowledge of the symptomatology and anatomical pathology of this disease, one of the most interesting of the nosological table, and one already so ably discussed, has made rapid strides. Whatever may have been the results hitherto obtained, however, it is certain that much remains to be known of a malady so complex; and it is equally certain that by extending the field of observation we shall arrive either at a discovery of new facts, or shall obtain more precise and more complete ideas of facts already acquired. No detail should be omitted. A certain peculiarity which to-day appears of trivial import, may later become valuable, if its existence is constant.



The following case of leucocythæmia which we present, afforded us no previous history; but the autopsy and microscopical examinations presented some interesting facts, among which attention is particularly called to a large quantity of crystals found in the blood, crystals whose chemical characteristics and whose forms we give below.

*Autopsy of leucæmic subject.*—Peculiar crystals in the blood and in certain viscera; considerable numbers of red globules, smaller than in the normal state.

Laure Weiss, aged 58, colorist, was brought on the 20th of September, 1860, to La Pitié, in a very dangerous condition, and died some hours after entrance.

*Autopsy.*—The liver was of immense size (36 centimetres by 40), its tissue friable, of remarkable color, resembling chocolate; spleen likewise very voluminous (longitudinal diameter 28 centimetres, transverse diameter 19), thickness about 10 centimetres, its tissue firm and resistant, color of mahogany. The trunk of the vena portæ, of mesentery and splenic veins, all the vessels, in one word, of the portal system, were enormously distended with half coagulated blood, presenting a remarkably clear chocolate color.

Here and there were found in the splenic veins clots completely white. The kidneys of normal size, not apparently altered. Lymphatic ganglia examined in many places, and especially in the mesentery, had for the most part their normal volume; a few, however, had attained the size of a small nut. Lungs perfectly healthy. Heart voluminous; its muscular walls thickened, are flabby and without color; no alteration in valves; the right and left ventricles are largely distended by a quantity of half coagulated blood, presenting the chocolate color before mentioned.

Two effusions of blood, presenting the same characteristics, existed—one in the thickness of the right mamma, the other under the skin of left shoulder, near the lower insertion of deltoid muscle.

Although the autopsy was commenced more than twenty-four hours after death, yet the body was still warm. The temperature seemed higher, especially at the moment when the hand was introduced into the abdomen in order to remove the viscera.

**MICROSCOPICAL EXAMINATIONS.**—The blood and the viscera were examined the same day as the autopsy, four hours after its commencement. The examination was renewed the following days, and these results obtained:—

*Blood.*—On the very day of the autopsy it contained a few vibrios; since that day it has been preserved in tubes not hermetically sealed, and the number of vibrios has not increased. After the lapse of six weeks, none were found. No trace of serum has exuded from the clots. No liquefaction appeared till fifteen days after the autopsy. No odor of putrefaction was evident till the end of many days. From whatever part it was taken (the blood

of right and left side of heart, also of splenic vein, being examined), it contained a large number of white globules, in a proportion difficult to determine, but by approximation might be considered to equal one half of total amount of red and white globules. This proportion seemed more considerable in the blood of the splenic vein.

In the blood, therefore, were to be considered—1st, the red globules; 2d, the white globules; 3d, the other elements viewed by the microscope.

1. *Red Globules*.—The salient fact regarding these globules is the inequality of their dimensions. A large number (about a third, and this is no exaggeration) have not their normal diameter. Certain globules were found having a diameter of  $\frac{1}{1000}$  of a millimetre; others of  $0^{\text{mm}},004$ ,  $0^{\text{mm}},003$ ; and lastly, some whose diameter did not exceed  $0^{\text{mm}},002$ . These were not rare, as one or many existed in each field of the microscope with 450 diameters. The smallest of these globules presented a spheroidal form; those intermediate, between the small and the normal, presented at times a disk-like form. All these red globules preserved their characteristics during three or four days.

2. *White Globules* (leucocytes).—These elements are of two kinds—the one offering immediately a nucleus, the others presenting the nucleated form only after the use of reactions, and at times not even so affected by their influence. The first true cellules completely developed are much less numerous than the second.

(a) *White Nucleated Globules*.—These globules have but little variation in their dimensions, and are generally sufficiently large—the most of them having a diameter of  $0^{\text{mm}},012$  to  $0^{\text{mm}},014$ ; others a diameter somewhat greater. The nucleus, which is unique, has generally a diameter of  $0^{\text{mm}},006$ . It is not always round, often slightly eccentric, at times slightly irregular, and may present a kidney-like form. It is studded in the interior with fine granulations, some of them larger than the others, but in general no nucleolus is well marked. The cellule, which is not always of a regular rounded shape, contains also fine and numerous granulations.

Acetic and lactic acids render the cellules paler, by causing their nuclei to be more apparent, and by slightly contracting them. The granulations of the nuclei appear to become more prominent.

(b) *White Globules without the nucleus instantly apparent*.—The nuclei (globulins) are extremely rare. The other globules without nucleus have dimensions quite similar to those of the true cells already described; they also contain numerous granulations. Some of these globules are filled with quite large granulations, very numerous, with refractive edges, which are not dissolved by acetic acid. These are elements in a fatty state, undergoing destruction.

All these globules are not acted upon in the same manner by

acetic acid. (Lactic acid produces the same effect as acetic.) Some of them exhibit one, more frequently two or three small nuclei, generally assembled in groups, and offering all the dispositions mentioned in the white normal globules treated by this reaction. Other globules change, but in this respect; they grow paler, and no nucleus becomes evident. Some globules also are seen, but very rarely, in which quite a large nucleus is shown, though this is almost as much obliterated as the globule itself. The white globules continued visible in the blood that had been preserved a month; a fortnight later, even a certain number were visible.

3. *Other Elements seen in the Blood.*—Besides the globules, both red and white, a very large number of small amorphous granulations were seen, which formed at times by their reunion about the groups of white globules, masses like cinders (*comme cendrés*), and more or less large.

*Crystals.*—At the first examination made on the day of the autopsy, the crystals were not observed, owing perhaps to the fact that they did not exist, or were in a very small number. The next day some were found in each preparation; but their number continued to augment, so that on the 25th at least forty or fifty were found in each preparation, and they became more and more numerous.

These crystals were either without color, or very slightly colored by the reflection of the red globules. They appeared at first sight to be composed of lozenge-shaped tables; but a more attentive examination proved shortly that they were octohedrals quite elongated, of very regular form and quite uniform. (This octohedral form became quite evident when one caused the crystals to turn on their axis, by making a current in the liquid of the preparation.) They were of various sizes. The large crystals were 0<sup>mm</sup>,04 long, and 0<sup>mm</sup>,06 to 0<sup>mm</sup>,08 broad, at their base. Others were 0<sup>mm</sup>,026 long, and 0<sup>mm</sup>,006 in breadth. And others were still smaller. There were also all the intermediate sizes.

The crystals were equally numerous in the various parts which were examined.

Six weeks after the autopsy, the blood became liquid, brownish, and no distinct elements were now recognized except the white globules; a considerable mass of small concretions of a brown or yellowish color, formed, probably, at the expense of the coloring matter of the blood; and, lastly, the crystals. Of the white globules, some remained transparent, without color or but slightly colored; while others, very granular, were more or less colored with a brown yellow hue. The crystals are always very numerous, a hundred at least being present in each preparation, and not at all altered. Besides the octohedral crystals, were others of large and irregular forms, probably constituted by the carbonate of lime.

We give below the view of many of these crystals, taken by the camera lucida (Fig. I. *a*). They are represented magnified about 450 diameters. Their relation in magnitude with the white globules may also be observed.

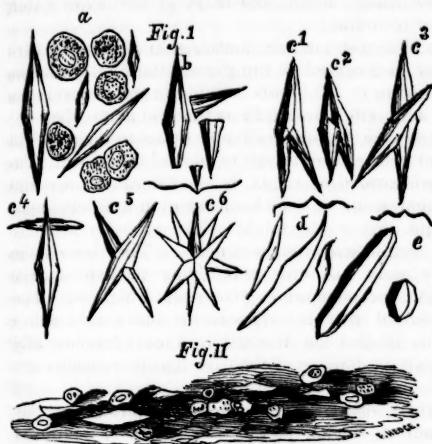


Fig. I. Octohedral crystals found in the blood of a leucæmic patient.

*a*, Crystals and white globules represented by camera lucida, magnified 450 diameters.

*b*, Broken crystals, the usual manner of fracture.

*c*<sup>1</sup>, *c*<sup>2</sup>, *c*<sup>3</sup>, *c*<sup>4</sup>, *c*<sup>5</sup>, *c*<sup>6</sup>, Grouped crystals.

*d*, Crystals modified by the azotic acid.

*e*, Crystals represented at the moment when they commence to dissolve by heat, or when they reform after being dissolved.

Fig. II. Fibrinous concretions expectorated by a patient who was not leucæmic, in which are similar white globules and crystals analogous to the preceding.

These crystals, though quite resistant, seem to have a certain fragility. It sometimes happens that one of the summits or both separate from the rest of the crystal. Others break at their base and form two pyramids (Fig. I. *b*). These fractures also take place, though rarely, with a greater degree of irregularity. The greater number of crystals, in fact nearly all, are intact in each preparation. [See Note, next page.]

The very great majority of crystals are isolated and distinct one from the others.

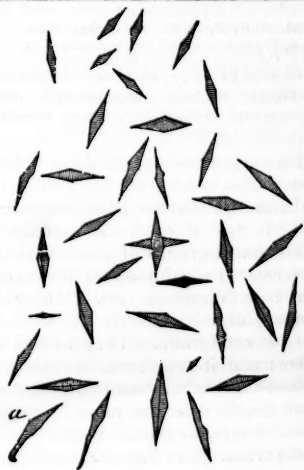
It is quite rare to find them united in groups. When this union does exist, most frequently only two crystals are so associated. The groups that we have generally seen are those represented in Fig. I. *c*<sup>1</sup>, *c*<sup>2</sup>, *c*<sup>3</sup>, *c*<sup>4</sup>, *c*<sup>5</sup>. It is only by a great exception that we have found groups of more than two crystals; they then have a tendency to unite about a centre, whence demi-crystals radiate in every direction (*c*<sup>6</sup>). These crystals are insoluble in cold water; dissolve readily and with rapidity in warm water of 60° to 70° centigrade. They also dissolve in blood at this temperature; and if they have been thus dissolved by a suitable heat in blood placed between two plates of glass for microscopical examinations, they reform more or less completely, after the lapse of many hours, and then present the forms seen in Fig. I. *e*. At a temperature less than 60° centigrade, and equal to that of living

blood, that is to say, at  $38^{\circ}$   $40^{\circ}$  centigrade, they will again dissolve, but slowly.

They are insoluble in alcohol, cold or boiling (they have been found in blood placed in alcohol after 15 days), and are equally insoluble in sulphuric ether, in chloroform, in glycerine, in watery or alcoholic solution of iodine.

They are soluble in acetic, tartaric, lactic, sulphuric, and hydrochloric acids. They then dissolve rapidly and without producing the slightest bubble of gas. They are soluble in potash, soda and ammonia; chromic acid will dissolve them; azotic acid, when concentrated or diluted with water, will not dissolve them. This last fact was noticed by Dr. Vidal, who examined the blood. This resistance to chromic and azotic acid is considerable. Crystals are found in the blood when it has been mingled and left in contact with azotic acid during a fortnight. The crystals are however modified in a certain way by these acids. They become immediately and completely insoluble when thus treated by acetic acid, by soda, potash, or ammonia. (Crystals which have been treated by cold alcohol will yet dissolve in acetic acid and in soda; but remain insoluble when treated by these reagents after they have been placed in boiling alcohol.) These reagents give them a yellowish tinge. Those which have been treated by azotic acid are softened, their edges seem to become "mousses;" they are less straight, and the summits more or less bent, following curved lines, bear witness to the diminution of their consistence (Fig. I., *d*). Boiling azotic acid destroys the blood and the crystals contained in it.

NOTE.—It will be seen, on reference to a similar case published in this Journal on February 9th, 1860, that the crystalline formations resemble each other very closely. The annexed cut, which has already appeared, represents the appearances in the case alluded to.—*Eds. Bos. Med. & Surg. Journal.*



*Liver.*—On the very day of the autopsy, octohedral crystals were found in the liver, and were exhibited the same day to the Society of Biology. The hepatic cellules were softened and easily broken. They contained a greater number of fat globules than was normal. They also contained a considerable quantity of fine granular matter, amorphous, and similar to that already described in the blood. This matter, which existed quite free in the ambient liquid (from the rupture of the cellules, perhaps), gave to the preparations of the liver a certain analogy to those of a cirrlosed liver.

*Spleen.*—A much smaller number of crystals were found in this organ than in the liver. There was a great number of fusiform elements, and the same granular matter that existed in the liver; numerous white grains, seen by the naked eye, and having a certain volume (Malpighian corpuscles?) adhering to the rest of tissue; very numerous microscopical elements, analogous to the white globules of the blood.

*Kidneys.*—Tissue very soft; tubuli well preserved; epithelium not fatty, but slightly transparent, from the granular matter which filled the cellules, and seemed very abundant in the cavity of the tubuli. No crystals were found in the kidneys on the day of the autopsy.

The autopsy, whose results have just been presented, furnishes two considerations of a certain interest—the first with reference to the state of the red globules, the other to the presence in the blood of numerous crystals, formed apparently of a peculiar material not yet determined.

The red globules, as has been seen, had by no means their normal dimensions. A great number of them (a good third) were very small. This circumstance is worthy of attention, although, in a physiological state, frequent varieties of size occur in the globules; still the number of them which have a diameter very much less than the normal, is very small indeed. What consequence could follow from so remarkable a diminution in the size of these globules? It is almost impossible to form a correct idea upon this subject, for the condition of the blood in leucæmia, the abundance of white globules, the reduction of number and of size of the red globules, the chemical alterations that the nutritive fluid must have undergone, cause a complex vitiation, whose effects necessarily also are complex, and in the midst of which it is extremely difficult to settle the rôle that each peculiar alteration must play.

We must content ourselves by remarking, that the reduction of the red globules in number and size, while the white globules have an enlarged area, hardly accords with the hypothesis that the first are formed from the second.

The crystals found in the blood appear formed of an organic substance. The réactions which have been described do not be-

long to those mineral crystallizable substances which are found in blood. We have consulted a large number of plates published by different authors, and relative to blood crystals, and we have not found any forms similar to the crystals which were observed. The crystal alone, in a plate of Funke (*Atlas der Physiolog. Chemie*, t. ix., fig. 5, Leipsic, 1858), presents a certain analogy to ours, and this analogy even very vague. The organic matter which forms these crystals does not as yet appear to have been noticed in the blood, except in the above conditions. This must be mentioned, for we do not hesitate to affirm that this substance is the same, and consequently that the crystals observed in our subject are similar to those observed in another subject who died of the same disease, by one of us and M. Ch. Robin (*Société de Biologie, comptes rendus*, 1853. *Observation de Leucocythæmia*, par MM. Charcot et Robin, p. 45.)

"In the blood of the right ventricle, a great number of lozenge-shaped crystals, very regular, and slightly tinged of a yellow brown, were found mingled with white globules. These crystals were exceedingly abundant in the tissue of the spleen, where they formed masses of considerable size, although only visible by the microscope." (*Loc. cit.*, p. 49.)

There is no doubt that these lozenge-shaped crystals are the same as the octohedral ones we have described. In fact, we supposed the last to be of a lozenge shape, till a more attentive examination convinced us of our error.

Thus these crystals have been found in two cases of leucocythæmia, and this circumstance gives them a greater importance than if one case only had occurred. One can readily suppose they would be found in a larger number of cases, if the microscopical examination of the blood and the viscera had been made some hours after the autopsy. The substance which forms these crystals is dissolved in the blood, and appears to require a certain time to pass to a crystallized state.

It is clear if these crystals are found henceforth in all the cases of leucocythæmia, that they will occupy a place among the first ranks of the characteristic alterations of this disease, for they will form the sure indication hitherto unknown of the chemical alteration of the humors.

In the observation already cited (Charcot et Robin) the crystals were found in great abundance in the spleen. Our own observation proved the greater number to be present in the liver. At present, therefore, neither of these viscera can be indicated as the sole generator of these crystals. However it may be, still the number of crystals in the blood and in the viscera shows that this substance existed in a very remarkable quantity throughout the entire economy of the subjects thus affected.

But must these crystals be considered as occurring exclusively in the blood of leucæmic subjects? One of us, in 1856, observed



crystals, probably similar, in the fibrinous concretions expectorated in a case of dry catarrh with emphysema, in a subject twenty years old. The Fig. II. represents a part of one of these concretions, with the crystals which are imprisoned in it. Their solubility in acetic acid without any escape of gas (other reactions not being tried), and especially their forms, allow us to believe that they were very analogous, if not similar, to those which we have just described.

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### Reports of Medical Societies.

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EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

JAN. 14th.—*Chronic Pleurisy; Thoracic Tumor; Neuromata.* Dr. CHEEVER exhibited the specimens, which were taken from a subject at the Medical College, and were found in the course of an arterial dissection. The patient died of chronic pleurisy, reported as of six months' duration, and had complained of no other symptoms. He was apparently about 35 years of age.

In dissecting the arteries of the neck, both carotids were found to be given off from the arch of the aorta, and the right subclavian arose from the left side of the arch, and passed obliquely behind the trachea, to resume its usual course. A hard, projecting mass was noticed behind the trachea and œsophagus, pressing those organs forward. It may be supposed to be the left lung, pushed up by the pleuritic effusion. A large quantity of bloody serum and pus was found in the left pleural cavity. The lower part of the pleura was so bridled with adhesions and lymph as to look not unlike the columnæ carneæ of the heart. The left lung was entirely compressed upwards and backwards against the spinal column. On removing it, it was found adherent to a tumor, about as large as an average orange, and which was loosely attached to a membrane upon the sides of the second, third, and fourth dorsal vertebræ. It was impossible to say, from the condensation and morbid adhesions of the tissues, whether the tumor was within or above the pleura itself. The impression was, that it was within the pleura. The tumor was a dense, yellowish mass, not lobulated, firm, and having an appearance between a fatty tumor and fibrin, or lymph. That part which rested against the spinal column was imbedded in a cyst as large as an English walnut, lined with false membrane, and having several bridles of membrane stretching across its cavity. In the upper part of the membrane was a small, rounded aperture, through which denuded bone could be felt. On extending this opening, the head of the first rib was found partially dislocated, and a large surface denuded. The articulation of the second rib was perfect, but the superior edge of the rib was hollowed out, and a more than corresponding convexity and breadth was added on the lower edge, in a thin, flattened, friable deposit of bony substance. The other ribs were natural. The cavity just alluded to was formed by the divergence of the first and second ribs, and by a loss of substance in the body of the corresponding dorsal vertebra. On opening the

spinal canal by a vertical section through the bodies and spinous processes, it was found that this cavity was separated from the spinal cord only by the membranes of the cord, and the false membrane lining the cyst. There was no evidence that the tumor had pressed upon the cord, nor had the patient any paralysis during his illness. It seems probable that the same pressure which wore away the vertebra must eventually have impinged upon the spinal cord, had he lived a little longer.

Two very sharp ridges of bone crossed the cavity, beneath the false membrane. Posteriorly, a membrane, alone, separated the morbid cavity from the muscular fibres of the *multifidus spinæ*. The arterial injection was seen ramifying in the false membrane. The tumor, examined microscopically, was found to be of a fibrinous nature.

It seems probable that the hollowing out of the vertebra, and separation of the ribs, was due to the pressure of the tumor forced up by the lung, and the pleuritic effusion, and subjected to a slight, but constant friction, from the inspiratory movements. It is more difficult to decide whether the tumor was a distinct, morbid growth, outside the pleura, and analogous to those described—or was a huge mass of altered lymph, rendered fibrinous by time, pressure, and partial organization, and belonging within the pleural cavity, as one of the results of the pleurisy.

The intercostal nerves near the seat of the tumor, and on *both sides*, were all, so far as examined, affected with reddish projections, imbedded in their substance, and varying from merely fusiform enlargements, to outgrowths as large as a small pea. These neuromata were also found in the course of other nervous trunks, as the great sciatic, the anterior tibial, and smaller branches. The most perfect and largest one, measuring three eighths of an inch in diameter, was found on the anterior tibial nerve. The plantar nerves were of large size, but uniform. By the microscope, the neuromata were found to be fibrinous only. The brain was removed, and found to be normal. There was no marked disease of any other internal organ. The cutaneous surface, however, offered numerous morbid growths. The skin generally was irregularly spotted over with papular and tubercular excrescences; some pedunculated, and some shaped like the nipple; mostly of a darker tint than the surrounding surface, and varying from a pin's head to a tumor three inches by one and a half; which latter grew upon the nape of the neck. Many were as large as the male nipple, and not unlike it in appearance. They receded singularly under pressure. Microscopically, they were found to have the fibroplastic elements. Their gross appearances resembled a plate in the "Transactions of the Provincial Medical and Surgical Association," Vol. VII. page 364, though it is not intended to classify them with the disease there named as molluscum.

The Warren Museum contains the cast of a piece of skin with like excrescences, from a patient, formerly in the Massachusetts General Hospital, under the care of Dr. H. J. Bigelow. This patient, also, had what "might be called a neuroma," but the excrescences were cancerous in his case, and the two instances are not, therefore, entirely comparable. It is to be regretted that a fuller history of this case could not be had. We can only add, in connection with the neuromata, that the patient did not complain of neuralgic pains in the seat of the nerves affected, nor elsewhere.

**Bibliographical Notices.**

*On Diseases peculiar to Women, including Displacements of the Uterus.*

By HUGH L. HODGE, M.D., Professor of Obstetrics and Diseases of Women and Children in the University of Pennsylvania. "*Nullius addictus jurare in verba magistri.*" With original Illustrations. Philadelphia: Blanchard & Lea. 8vo. Pp. 469.

THIS work is intended by Dr. Hodge to give the results of his own long and varied experience in the diseases of which it treats, without reference to the opinions entertained by others. As he says himself, "I have no desire either to present a summary of the labors of others, or to give a critical review of their opinions and practice. My only object is to record, while incidentally alluding to what others have advanced, my own opinions and practice, the result mainly of clinical observations made during a laborious practice of many years; nearly thirty of which have been spent as a public teacher on obstetrics and diseases of women and children." We like Dr. Hodge's idea, and wish that it were more frequently adopted by those who have grown not only old but wise in our profession. Cellini thought it was a duty incumbent on all men, in whatever state or condition of life, who had performed praiseworthy actions or distinguished themselves, to be their own biographers. Without going to this extent, we yet think that much good might be done, and medical science greatly advanced, had we more of the results of the observations and experience of the bright minds that have grown old in the practice of our profession. Knowledge treasured through a life-time, unfortunately, is not inheritable, but it may be put into forms by which those that follow can readily appropriate it to themselves; and we have something of Cellini's feelings, that it is the duty of the patriarchs of our profession so to embody their experience in words and books that they may not be entirely lost to others.

We like, therefore, very much the intent of Dr. Hodge in putting forth this book, and find much in it that is very valuable; but we regret to say, also, that we find in it several defects, and such as materially impair its usefulness. In the first place, as a general objection under the last head, the book is too bulky—is not concise enough, and yet not perspicuous. We live emphatically in an age of books—we do not object to them. As many have already been written, we think that probably as many more could be written with advantage—provided they are on the right subject, and written in the right way. What we want in all, for we live in a fast age, is terseness, as far as is consistent with a clear and full exposition of the subject, and that all unnecessary, impertinent, irrelevant matter be omitted.

Now our objections, on these grounds, to the book before us begin with the first chapter, and to them we have to add others on the score of carelessness, or at least a want of precision in expression and of critical correctness in the terms used—the latter not a slight fault in any work on science. The first chapter is devoted to "Diseases of Irritation"—a term to which we have no objection. Why is it changed, on the next page, to "irritable diseases"? The diseases surely are not irritable, however much the patient may be. Just after this, too, comes the remark, "Language has proved to be very deficient in expressing the ideas of medical men on the physiological and

pathological states of living tissues." This is very true; and why should it be deficient, except through the carelessness of those who use it? The English language is generally deteriorating, and losing the strength, force and clearness of its expression daily. The newspapers contribute to this through their ignorant editors and hasty scribblers as correspondents, but surely we men of science should not add to the evil. We had better be pedantic than talk slipshod.

Following the paragraph just quoted, the words "*irritation*" and "*irritability*" are defined, and by the latter, according to Dr. H., "is simply meant a capability of receiving impressions from surrounding agents." "Agents which excite or disturb the irritability of the tissues are termed '*irritants*.'" "An irritant acting on the irritability of a part produces an '*irritation*.'" Were this true, the beginning of every phenomenon of life is the effect of an irritant setting up an irritation. Let us convert the above terms. Food acts upon "the capability" of the stomach "to receive impressions from surrounding agents." It is therefore an "irritant," and the phenomenon produced is "irritation." This can hardly be allowed as correct. Why not use the words "excitability," "excitant" and "excitation," as long as the action and reaction are within normal bounds, or rather strictly physiological; and when they pass this and become pathological, use the terms that Dr. Hodge offers, with of course a slight modification as far as degree goes in the definition. It may be objected that the borders between a physiological and pathological condition are not always well defined. It is true. The precise borders are not, and phenomena of the one condition and of the other may overlap, but not to such degree as to cause a well-disciplined mind more than a wholesome exercise of judgment in discriminating where one begins and the other ceases.

In this particular matter, in our objections we go back of all we have said, and take exception to Dr. Hodge's having introduced any such definitions into his book, for they are either too few or too many; too few for an elementary book, too many for a book which in the beginning purports to be a transcript only of the author's results and opinions. In close proximity with what we have just quoted, we find another passage, to which we must strongly object. In speaking of the effects of irritation upon the mind and morale of the female, and the manner in which they are viewed by persons around, he says:—"Let it be remembered that the business of the physician is with the physical being; and although he is often driven to the domains of the mental and moral philosopher to detect the causes and to furnish the remedial agents of nervous diseases, yet he should be slow to admit that his agonized patient suffers from the state of her mind rather than of her body," &c. &c. Now we put in a claim for a much higher office than that of looking only to the physical being. Specialists have, we think (excepting, for obvious reasons, that of the eye and that of the ear), belittled the profession much, and we therefore are disposed strongly to resist the taking away of nearly half the domain of the physician, and limiting his province to the physical being—meaning the purely animal being, the mass of muscles, bones and viscera to which, in the aggregate, we give the generic name man. Even for horses and dogs we doubt whether, in the majority of cases, this would do; but with man, and still more with the female of that animal, we are sure that a treatment not directed by a full appreciation

of the relative bearing of the moral and mental upon the physical, would in many cases be wholly inefficient, if not actually injurious—in fact, our own experience has taught us that a want of this appreciation is the cause of the futility in so many instances of the treatment of so-called uterine diseases.

The remarks on Nervous Irritation and its Consequences extend to the 47th page, and we find many things to object to, but we do not like to quote them, for fear it may be considered that we do not render a fair average of the whole work. We would, however, notice the mixed and confused use of the terms “excitant” and “irritant,” and “excitability” and “irritability,” which seems to increase as the work progresses. We also find the following:—“A man, stimulated by angry passions, has an attack of apoplexy, from which he may completely recover, but sometimes his recovery is tedious and imperfect,” &c. Is it not always tedious, and most always imperfect?

In Chapter II., upon “Irritable Uterus,” that is, of the uterus affected with nervous irritability, the author says:—“It is a state not of organic irritation, but of nervous irritation.” We certainly cannot see the necessity of bringing the idea of simple and uncomplicated nervous erethism into companionship with organic alteration of the organ from congestion or what not. The two are entirely distinct, but may be accidentally found in the same organ, as we suppose the author means when he says, a few lines further on, “there is necessarily no turgescence of the organ,” meaning “there is not necessarily any turgescence of the organ.”

The first part of the work, occupying some two hundred and thirty pages, divided into twelve chapters, and devoted to diseases of irritability affecting the uterus and its appendages, contains a great deal of very valuable suggestion, and the result of much and careful observation, marred, however, by the faults at which we have just taken exception, and the general one pervading the whole book—prolixity. The cases are well selected, most of them directly to the point, and giving effective illustration of the subject in hand. In the treatment of irritable uterus, we find most judicious directions given, especially under the head of Hygienic Measures, but we do not think that the efficacy of packing in the wet sheet is sufficiently appreciated. This is a remedy which in our hands has proved successful when everything else seemed to fail—in one case where the system, already medicated to the last degree, tolerated nothing else.

The next division of the work is devoted to Displacements of the Uterus. In this there is much which we should like to quote, did space permit. Dr. Hodges, in estimating the importance of these affections, takes what we believe to be the true middle path; not on the one hand considering them, as so many do, of paramount importance—the be all and end all of woman’s woes; nor, on the other, slighting them, as some of late have affected to do—estimating them as of but trifling and incidental weight in the catalogue of her sufferings. With regard to the author’s opinion of the value of pessaries, we might object somewhat to it as being too high, more particularly when he calls the use of them a “*sine qua non*.” We would rather have them thought a very valuable adjuvant in the treatment of some cases—but that it should be our object to do without them if possible, and dispense with them, when used, as soon as can be done without renewing the sufferings of the patient. In discriminating as to the kind

of instrument to use, Dr. Hodge's objection to the stem pessary we do not think borne out by experience. We look upon the stem as a substitute for making the pessary so large as to be held in place by its pressure against the walls of the vagina. The pessary supported on the stem may be of any shape desired, and our experience—large enough to authorize us to an opinion—has taught us that the stem itself need cause no discomfort when properly fitted. The remarks in strong objection to Dr. Simpson's "intra-uterine" pessary, we heartily agree to. We have realized in our practice many of the difficulties mentioned by Dr. H.

The next chapter gives a full exposition of Dr. Hodge's own device, the lever pessary. This is a very valuable contribution. The instrument itself is the least objectionable of all such. By which we mean that we object to any pessary if it can be done without; but so far as shape goes, the lever pessary is best calculated for keeping itself in position, as the first desideratum, and for supporting the uterus in its particular and proper position—a necessity greatly overlooked in many instruments which seem merely intended for shoving the uterus up a certain distance within the vagina, and letting it look after itself when thus forced into retracy.

The third and last division of the book is headed "Diseases of Sedation." The three chapters under this head are entitled "Sedation and its Consequences;" "Sedation of the Uterus—Amenorrhœa;" and "Diagnosis and Treatment of Sedation of the Uterus." To the whole of this part we have many objections, such as we found with the first division. We cannot agree with the author in his terms and definitions, nor can we feel that the subject is treated with a logical exposition of cause and effect—such as we would like to see.

To sum up our opinion of the whole work, we value highly the direct results of the author's long experience, and the truly profound judgment that is evinced in the direct practical deductions drawn; but we object to the course by which he has arrived at them, and to his embodying the various steps of that course in the book, except where the subject is either a new one, or treated from some entirely original point of view. In brief, we think that were the work curtailed by leaving out that which is already well known, and all that is too problematical to assist us in further advances in any particular direction, the value of the book would be doubled; for what is truly valuable in it—and there is a great deal—would be more accessible, and more readily appreciated and applied when found.

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*On Diphtheria.* By EDWARD HEADLAM GREENHOW, M.D., Fellow of the Royal College of Physicians, &c. Pp. 160. New York: Baillière Brothers. 1861.

THIS brief but comprehensive treatise on a disease which has recently attracted unusual attention, from its re-appearance, is founded partly upon the study of this disease in public and private practice, and partly upon information obtained in the course of an inquiry into its causes, symptoms and treatment, made for the Privy Council in 1859. The author is of the opinion, from the facts which he has collected, that the recent epidemic of diphtheria has been occasioned by some wide-spreading influence, deriving intensity of action from local causes. This valuable little monograph comprises some account of

the history of the disease in previous centuries; its occasional sporadic and endemic character; its non-identity with scarlet fever; its communicability, symptoms, sequelæ and morbid anatomy, and suggestions for treatment.

The chapter on the human and brutal diseases coincident with diphtheria, is one which we must not omit to mention as interesting and suggestive.

The book is published at the low price of \$1.25, and is well worth the money.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, FEBRUARY 14, 1861.

MASSACHUSETTS MEDICAL SOCIETY.—A stated meeting of the Councillors of the Massachusetts Medical Society was holden at the Society's Rooms, on Wednesday, 6th inst., at 11 o'clock, A.M. After the transaction of the ordinary business, the following resolution, presented by Dr. Jeffries, was adopted:—

"Resolved, That the Massachusetts Medical Society petition the Legislature to grant the petition of the Boston Sanitary Association, for the establishment of a State Board of Health for the purpose of looking after the sanitary interests of the people, with a competent Secretary, as the Agricultural Board and the Board of Education look after the interests of Agriculture and Education.

"That the Board of Health have charge of the registration of Births, Marriages and Deaths, and the census of all the other vital statistics of the Commonwealth.

"That the Board have some visitatorial power in connection with the Lunatic Hospitals, and all other State Charitable Institutions where the sick and suffering are kept.

"That a petition be drawn up for this purpose, signed by the President and Secretary, and sent by a committee to the Legislature, which committee be requested to appear before any committee of the Legislature and urge the adoption of this measure."

Two honorary members were also elected at this meeting—Bernhard Roeser, of Athens, and Gaetano Valerj, of Rome.

NEW MEDICAL SOCIETY.—We learn that a new Society, "The Obstetrical Society of Boston," devoted to the cultivation of knowledge in obstetrics and the diseases of women and children, has recently been formed in this city. A number of gentlemen interested in the matter held a preliminary meeting on the 8th of December last, at the medical rooms in Temple place, and after a free interchange of opinions appointed a committee, who finally reported a plan of organization early last month. The officers for the ensuing year are: *President*, Dr. Walter Channing; *Vice Presidents*, Dr. D. Humphreys Storer and Dr. Charles G. Putnam; *Recording Secretary*, Dr. William Read; *Corresponding Secretary*, Dr. Benjamin E. Cotting; *Treasurer*, Dr. Charles D. Homans; *Prudential Committee*, Drs. Charles E. Buckingham, Anson Hooker, John P. Reynolds. The meetings of the Society are to be holden bi-monthly.

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**DRUG INSPECTION.**—We have received the following communication with reference to the appointment of a drug inspector, and gladly endorse every word of it. The adulteration of drugs, carried to the extent it has been, and still is, is far too important a matter to pass unnoticed at a time when an opportunity occurs for remedying the evil. The excellent suggestions of our correspondent are well timed, and will meet the views of the profession generally. That the Massachusetts Medical Society, as well as the College of Pharmacy, should be allowed a voice in an appointment so nearly touching their own interests, is a simple act of justice. No person could be named more fitted to fill this office than the person suggested, and next to him we should place our correspondent himself, who certainly possesses all the necessary requisites for the faithful discharge of its responsible duties.

*Messrs. Editors,*—When the fourth of March shall have passed, there will be applications on hand for the spoils of the late election war. There are offices to be given away, and officers to be appointed. Among the important offices, is that of the inspector of drugs. Hitherto, in this port certainly, drug inspection is believed to have been a mere farce. Need it always be so? Is it necessary that the importers of opium, rhubarb, &c., should be the sole judges of what your patients and mine should take? Is it fair to the public, that our profession should continue to prescribe rhubarb which has already given its power to some one in England; or opium, whose morphine has been taken out to be itself adulterated? The public are interested in this matter, although they know nothing of it. The retail druggists are interested in it, that they may not be blamed for selling the best they can get. We are interested in it, even if we are unable to tell the difference between two specimens of a crude or manufactured drug; and for the very reason, that most of us may be totally unacquainted with chemical analysis.

Every new administration means to make great reforms. If reform in the matter of drug inspection, in the large ports of entry, were made, one very great step would have been taken towards improving our professional practice. There is no reform more needed. Why should this office, of inspector, be given for a man's devotion to party rather than to science?

There is good reason to believe, if our profession would point out a man capable and willing to examine drugs, that the College of Pharmacy would add their weight to our request for his appointment. It might be difficult to select the man, whose knowledge and independence are sufficient to enable him to say—"That case of opium cannot pass, because it has been sophisticated;"—a man who could neither be bought, nor bullied, although there probably are such men. The present chemical lecturer in the Medical College might be able to fill the office; there may be one or two druggists whose education is sufficient and whose back bones are stiff enough. Neither of the two professions can boast many who are competent.

Would it not pay the Massachusetts Medical Society well for their Council to look into this subject before the 4th of March? Would it not pay the College of Pharmacy to act with them?

I understand that the medical and pharmaceutical societies in New York mean to do something of this kind. Let us in Massachusetts work with them.

C. E. B.

HOFFMAN'S ANODYNE IN DELIRIUM TREMENS.—*Messrs. Editors*,—I was at Deer Island Hospital for a few months after my graduation, and while there treated quite a number of cases of delirium tremens, and of intemperance, the latter including those who had irritation of the stomach, and the "shakes," as some term the state, but not amounting to decided delirium. I employed the various means presented by the text books, and watched the success of students in the same Institution, with variable success; and at one time, thinking that Hoffman's anodyne might answer the indications, I tried it in 17 cases of delirium tremens and 14 cases of intemperance, in doses of  $\frac{3}{4}$ ss. every hour, and of the 31 cases I did not lose one. Perhaps this will not in the least interest you, but as I see the journals filled with new treatments for this disease, and being a subscriber to the JOURNAL, I thought it possible it might deserve a space in its pages. Yours, &c.,

Watertown, N. Y., February 6, 1861.

F. B. A. LEWIS.

DEATHS OF DISTINGUISHED PHYSICIANS.—We find noticed in the recent foreign journals the deaths of Dr. Edward Rigby, President of the Obstetrical Society of London, at the age of 56; Sir Henry Marsh, M.D., of Dublin; Dr. Andrews, of Birmingham, Professor of Physiology in Queen's College; and Dr. Francois Broussais, last surviving son of the celebrated Broussais, and himself an author of many valuable articles in the medical journals.

We regret to record the decease of the distinguished Dr. John W. Francis, of New York, which took place last week. Dr. Francis has been for a long time at the head of the profession in his adopted city, and his death will be widely lamented.

BUTLER HOSPITAL FOR THE INSANE, PROVIDENCE, R. I.—From the Reports of the Trustees and Superintendent of this Institution, recently received, we learn that, on the 31st of December, 1859, there were in the house 135 patients—68 males and 67 females. During the year 1860, there were admitted 58—33 males and 25 females, making the whole number under care, 193. There have been discharged 66—33 males and 33 females, leaving on the 31st of December, 1860, 127—68 males and 59 females. Of those discharged, 22 had recovered; 21 had improved; 8 were unimproved; and 15 died. The deaths include but two cases of recent attack. The rest were of persons who had been insane for a considerable period. Among them were four women, aged, respectively, 71, 77, 78 and 93.

BANQUET TO M. RICORD.—The banquet given to M. Ricord by his *confrères* came off on Thursday evening, Dec. 20th, at the Hotel du Louvre. The great dining-room of this establishment, itself one of the lions of Paris, afforded hospitality to about two hundred members of the medical profession, who assembled for the double purpose of doing homage to the great syphilograph and justice to a very copious and *recherché* dinner. Great Britain, Germany, Sweden, Russia, Greece, Italy, the United States and South American Republics were all duly represented on the occasion.—*London Lancet*.

In the *Nashville Journal of Medicine and Surgery*, Drs. Stewart and Kyle, of Florence, Alabama, report a successful case of Cæsarean operation.—Dr. Edward Peace has resigned the appointment, which he has held for a number of years, as one of the surgeons of the Pennsylvania Hospital.—Professor Torrey has presented to Columbia College his immense herbarium, with his valuable botanical library.—One hundred and eighty names are registered in the printed catalogue, just received, of the students of the Medical College of South Carolina, session of 1860-61.

### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, FEBRUARY 9th, 1861.

#### DEATHS.

	Males.	Females	Total.
Deaths during the week, . . . . .	33	29	62
Average Mortality of the corresponding weeks of the ten years, 1850-1860,	36.4	39.0	75.4
Average corrected to increased population, . . . . .	..	..	84.1
Deaths of persons above 90, . . . . .	..	..	..

#### Mortality from Prevailing Diseases.

Phthisis.	Croup.	Scar. Fev.	Pneumonia.	Measles.	Smallpox.	Dysentery.	Typhoid Fever.
9	3	4	3	0	1	0	0

#### METEOROLOGY.

From Observations taken at the Observatory of Harvard College.

Mean height of Barometer, . . . . .	30.105	Highest point of Thermometer, . . . . .	41°
Highest point of Barometer, . . . . .	30.682	Lowest point of Thermometer, . . . . .	-19°
Lowest point of Barometer, . . . . .	29.138	General direction of Wind, . . . . .	W. & S.W.
Mean Temperature, . . . . .	22° 3	Am't of Rain (in inches) and melted snow, . . . . .	0.114
February 7th, 3.55, P.M., thermometer 40 degrees above 0; 8th, 6, A.M., 19 degrees below 0—a fall of 59 degrees in fourteen hours.			

From Observations taken by Dr. Ignatius Langer, at Davenport, Scott Co., Iowa. Latitude, 41.31 North. Longitude, 13.41 West. Height above the Sea, 585.

		BAROMETER.					THERMOMETER.					SNOW.		Mean
		7 A.M.	2 P.M.	9 P.M.	Height.	Mean	7 A.M.	2 P.M.	9 P.M.	Height.	Mean	Time	Mean	Amount
					Point.									of Cloud.
Monday,	Jan. 28,	29.26	29.21	29.30	Lowest		22	35	34					
Tuesday,	" 29,	29.54	29.46	29.63	Highest		19	14	-3					
Wednesday,	" 30,	29.80	29.81	29.77	Point.		-12	-1	-7					
Thursday,	" 31,	29.60	29.46	29.31	Lowest		-10	13	12					
Friday,	Feb. 1,	28.95	28.85	29.03	Highest	29.80.	21	35	24					
Saturday,	" 2,	29.33	29.48	29.72	Mean	29.46	21	23	2					
Sunday,	" 3,	29.80	29.73	29.65	Height.		-15	6	8					

For the month of January, 1861—Mean height of the barometer, 29.447; highest point on the 21st at 9, P.M., 29.832; lowest point on the 15th at 9, P.M., 28.724, with a snow storm. Thermometer mean, 17.84°; highest, on the 6th at 9, P.M., 40°; lowest, on the 4th at 7, A.M., -12°. Snow fell on the 3d, 16th, 18th, 21st and 26th. Time, 8 hours, 40 minutes. Depth, 14 inches. Melted to water, 1.12 inches.

NOTICE.—Mr. Benjamin Drew is authorized to act as travelling agent and collector for this JOURNAL in New England. We would respectfully solicit, from those of our subscribers on whom he may have occasion to call from time to time, a favorable attention to the object of his visits.

Readers will notice, that in both the last and the present issue of the JOURNAL, several extra pages are given—the number and length of original communications rendering this temporary enlargement necessary.

The 42d Part of Braithwaite's Retrospect was mailed from this office on February 6th, to all those members of the Massachusetts Medical Society whose names appear on the Treasurer's books as having paid their assessments.

BOOKS RECEIVED.—Theory and Practice of the Movement Cure by the Swedish System of Localized Movements. By Charles Fayette Taylor, M.D. Philadelphia: Lindsay & Blakiston. Price, \$1.00.—Lives of Eminent American Physicians and Surgeons of the Nineteenth Century. Edited by Samuel D. Gross, M.D. Philadelphia: Lindsay & Blakiston. Price, \$3.50.

DEATHS IN BOSTON for the week ending Saturday noon, February 9th, 62. Males, 33—Females, 29—Accident, 1—anaemia, 3—bronchitis, 2—congestion of the brain, 1—disease of the brain, 1—cancer, 1—consumption, 9—convulsions, 3—croup, 3—debility, 2—diarrhoea, 1—diphtheria, 2—dropsy of the brain, 7—scarlet fever, 4—haemoptysis, 1—disease of the heart, 1—disease of the hip, 1—intemperance, 2—disease of the liver, 1—congestion of the lungs, 1—inflammation of the lungs, 3—paralysis, 2—pleurisy, 1—rheumatism, 1—tuberculosis, 1—smallpox, 1—tabes mesenterica, 1—unknown, 5.

Under 5 years of age, 27—between 5 and 20 years, 10—between 20 and 40 years, 11—between 40 and 60 years, 6—above 60 years, 8. Born in the United States, 45—Ireland, 10—other places, 7.